#### **COMPLETE ALL SECTIONS OF THE APPLICATION**

| The application consists of the following sections:  |
|--|
| ☐ 1) Business and Applicant Information;   |
| 2) Matching Grant Request;   |
| 3) Documents checklist   |
| ☐ 4) Disclosure Statement  |
| APPENDIX I: Legacy Business Capacity Building Workshop Information   |
| APPLICATION SUBMISSION   |
| Application forms and all supporting documents may be submitted via email, regular mail, currier, and in-person to:                    |
| World Heritage Office<br>101 S. Santa Rosa Ave.<br>2 <sup>nd</sup> Floor, San Antonio, TX 78207  |
| You will receive an email confirming receipt of your application and a follow-up response within two weeks of the application receipt. |

#### QUESTIONS?

If you have any of the questions or need assistance regarding the application requirements and process, please contact World Heritage staff by phone at (210) 207-2111 or by email at worldheritage@sanantonio.gov

### **Section One: Applicant Information**

| NAME OF BUSINESS:                      |                       |             |         |               |        |                       |
|--|-----------------------|-------------|---------|---------------|--------|-----------------------|
|  |                       |             |         |               |        |                       |
| BUSINESS OWNER(S) (identify the person | on(s) with the highes | t ownership | stake i | n the busines | s)     |                       |
|  |                       |             |         |               |        |                       |
| CURRENT BUSINESS ADDRESS:              |                       |             | TELEP   | HONE:         |        |                       |
|  |                       |             |         | )             |        |                       |
|  |                       |             | EMAIL:  |               |        |                       |
|  |                       |             |         | _             |        |                       |
| WEBSITE:                               | FACEBOOK PAGE:        |             |         | TRIP ADVI     | SOR    | PAGE                  |
|  |                       |             |         |               |        |                       |
|  |                       |             |         |               |        |                       |
| APPLICANT'S NAME                       |                       |             |         |               | Τ      |                       |
|  |                       |             |         |               |        | Same as Business      |
| APPLICANT'S TITLE                      |                       |             |         |               |        |                       |
|  |                       |             |         |               |        |                       |
| APPLICANT'S ADDRESS:                   |                       |             | TEL     | EPHONE:       |        |                       |
|  |                       |             | (       | )             |        |                       |
|  |                       |             | EMAIL:  |               |        |                       |
|  |                       |             |         |               |        |                       |
|  |                       |             |         |               |        |                       |
| SAN ANTONIO BUSINESS ACCOUNT NU        | JMBER:                | SECRETA     | RY OF S | STATE ENTIT   | Y NU   | MBER (if applicable): |
|  |                       |             |         |               |        |                       |
| LEGACY BUSINESS REGISTRY LETTER        |                       |             |         |               |        |                       |
| ATTACHED THE LETTER YES                | S NO                  | DATE OF     | APPRO   | VAL:          |        |                       |
|  |                       |             |         |               |        |                       |
|  |                       |             |         |               |        |                       |
|  |                       |             |         |               |        |                       |
| OFFICIAL USE: To be Completed by WHC   | ) Staff               |             |         |               |        |                       |
| NAME OF NOMINATOR:                     |                       |             | DATE    | OF NOMINA     | LION:  |                       |
| NAME OF NOMINATOR.                     |                       |             | DATE    | OF NOWINA     | I ION. |                       |

3 V.1- 10/27/201

### **Section Two: Matching Grant Request**

| REQUEST FOR IMPROVING                                   | BRIEF DESCRIPTION OF THE PROJECT                                      | GRANT AMOUNT REQUESTED (Max of 30,000\$ per grantee) | PROJECT<br>TOTAL<br>COST |
|---|---|--|--------------------------|
| FAÇADE<br>OR/AND<br>EXTERIOR<br>(Max of 10,000\$)       |   |  |                          |
| SIGNAGE<br>(Max of 10,000\$)                            |   |  |                          |
| PARKING LOT<br>OR/AND<br>LANDSCAPE<br>(Max of 10,000\$) | pland City parmits foco may also be included in the total improvement |  |                          |

Professional, architectural and City permits fees may also be included in the total improvement cost.

| Signature | Date |
|-----------|------|
|-----------|------|

| <b>~</b> .'      | <b>T</b> I |                  |       |             |
|------------------|------------|------------------|-------|-------------|
| SACTION          | I hraa:    | <b>Documents</b> | chaci | /lict       |
| <b>36</b> 661011 | 111166.    | Documents        |       | <b>NIIJ</b> |

| $\square$ Application Form (total cost of project, preliminary design)            |
|---|
| ☐ Photo documentation of current condition.                                       |
| $\square$ Scope of Work (project budget and estimated timeline for completion).   |
| $\square$ At least 2 bids or estimates prepared by a licensed, bonded and insured |
| contractor for work to be completed.  |

#### Section Four: Disclosure Statement

## San Antonio Taxes, Business Registration, Licenses, Labor Laws and Public Information Release.

This section is verification that all San Antonio taxes, business registration, and licenses are current and complete, and there are no current violations of San Antonio labor laws. This information will be verified and a business deemed not current in with all San Antonio taxes, business registration, and licenses, or has current violations of San Antonio labor laws, will not be eligible to apply for the Business Assistance Grant.

In addition, we are required to inform you that all information provided in the application will become subject to disclosure under the California Public Records Act. (Does Texas or San Antonio have a similar requirement?)

| Please read the following state statement. Then sign below in  |   | each to indicate that you agree with the |  |  |
|--|---|--|--|--|
| ☐ I am authorized to submit  | this application on   | behalf of the business.                  |  |  |
| ☐ I attest that the business i   | s current on all of it  | s San Antonio tax obligations.           |  |  |
| I attest that the business's license(s) are current.   | I attest that the business's business registration and any applicable regulatory license(s) are current.  |  |  |  |
| determined that the busin that the business does no  | ☐ I attest that the Office of Labor Standards and Enforcement (OLSE) has not determined that the business is currently in violation of any of the City's labor laws, and that the business does not owe any outstanding penalties or payments ordered by the OLSE. (Does San Antonio have a similar requirement?) |  |  |  |
| ☐ I understand that documents submitted with this application may be made available to the public for inspection and copying pursuant to the California Public Records Act and San Francisco Sunshine Ordinance. (Does Texas or San Antonio have a similar requirement?) |   |  |  |  |
| I hereby acknowledge and authorize that all photographs and images submitted as part of the application may be used by the City without compensation.  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Name (Print):  | Date:   | Signature:                               |  |  |
| rame (Fint).   | Date.   | Oignature.                               |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |

# APPENDIX I: Legacy Business Capacity Building Workshop Information

Three business capacity building courses could be completed via one of the below organizations:

- 1) The Southside First Echale's Gas Program
- 2) Launch SA
- 3) UTSA
- 4) Other approved development programs